NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS) NEVADA FINANCIAL DISCL

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CIT	Y, STATE, ZIP: Golconda NV 89414		NGTH OF R IERE REGIS		CE IN DIST TO VOTE:	RICT 14 y	rs, a	mo.
ΤE	EPHONE: 775-623-6604	E-y	MIL: +Y	iggo	gole	onda.	net	com
SE( and	CTION A (Public Office): List all public offices for which this financial check each box accordingly i.e. annual, candidate or appointment f	discl ling.	losure stat NRS 281/	tement A.620.1	s required (g).	d		,
	Title of Public Office and Name of Government	(E, A, AE)	Anrual Compensation		Date elected or appointed	ANNUAL NRS 281A.600.1 & 281A.610.1	CANDIDATE NRS 281A.610.1(a).	APPOINTMENT NRS 281A.600.1
						Check the	appropriate	boxes below
	Golconda Water, GID A	\$ _	- 6-	- 1/	1/2009			
	NA	\$ \$~~						
	CTION B (Sources of Income): List each source of your income (in a member of your household who is 18 years of age or older. NRS28			source	listed in S	Section A	Н	t of ousehold Member
							Check the boxes	appropriale woled
	Social Security						L-	L
	Water tech				<del></del>			<u> </u>
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wh	CTION C (Real Property): List specific location and particular use of ich you or a member of your household has a legal or beneficial intere; and (3) located in this state or an adjacent state. NRS 281A.620.  Specific Location	rest;	(2) the fai			which is		
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Na	me of Public Officer:	Rebecca	A	Triag	
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SECTION D (Creditors): List each creditor to whom you or a member of your household owes \$5,000 or more [EXCEPT: (1) debt secured by mortgage or deed of trust on your personal residence; and (2) debt on a motor vehicle for personal use retained by seller. NRS 281A.620.1(d).

Self Member

Household

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	Check the appropriate
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SECTION E (Gifts): List the gift, identity of donor and value of each gift if all gifts received are in excess of an aggregate value of \$200 from a donor during the preceding taxable year (EXCEPT: (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, aniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative. administrative, or political action], NRS 281A.620.1(e).

 <u>Gift</u>	. <u>Donor</u>	Value of Gift
	R 1 D	\$
		\$
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SECTION F (Business Entities): List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity, NRS 281A.620.1(f).

	Self	Member
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Something Special	سا	6
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THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Signature: \_

WHERE TO FILE:

PPOINTED PUBLIC OFFICERS

UBMIT TO:

levada Commission on Ethics 476 Executive Pointe Way, Suite 10 darson City, Nevada 89706 75.687.5469 • 775,687.1279 fax

**ELECTED PUBLIC OFFICERS OR CANDIDATES** SUBMIT TO:

Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 · 775.684.5718 fax





Fax Cover Sheet

Fax # 775 687 1279

TO: Nevada Commission on Ethics 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706

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Hard copy has been mailed. I am in Wyoming and wanted to make sure this wasn't late getting to you.

Thank you Rebecca A. Trigg POBox 7 Golconda, NV

## NEVADA FINANCIAL DISCLOSURE STATEMENT (FDB) ECE VE Please read the instruction before completing. Attach additional sheets if necessary 13 2010

ECEIVE

COMMISSION

PERSONAL INFORMATION:						ON ETHI	CS
NAME: Rebecca A Trigg		LENGTH O	F RESIC	ENCE IN NEV	/ADA:   4 (	urs C	1 mo
ADDRESS: PO BOX7	_ 2	80 S.	Gus	ekneer	l	0	
CITY, STATE, ZIP: Golconda NV 894	14		FRESID	ENCE IN DIS	RICT.	vrs. 9	l mo.
TELEPHONE: 775-623-6604		E-MAIL: -}-	rigo	<u> </u>	conda.	net	com
SECTION A (Public Office): List all public offices for which this financial disclosure statement is required and check each box accordingly i.e. annual, candidate or appointment filing. NRS 281A.620.1(g).							
Title of Public Office and Name of Government	Elected, appointed or appointed or appointed to elected	(E, A, AE) Annual	Compensation	Date elected or appointed	ANNUAL NRS 281A.600.1 & 281A.610.1	CANDIDATE NRS 281A.610.1(a).	APPOINTMENT NRS 281A.600.1
					Check the	appropriate t	ooxes below
Golconda Water, GID	<u> </u>	<u>\$ — 0</u>		1/1/2009			<b>'</b>
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7///		\$					
SECTION B (Sources of Income): List each source of your income any member of your household who is 18 years of age or older.	me (in ad NRS281 <i>)</i>	dition to an A.620.1(b).	ny soure	ce listed in S		Нс	ousehold Member
Social Constit				, <u>u</u>		boxes t	pelow
Social Security Water tech				····			
			***				
SECTION C (Real Property): List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state. NRS 281A.620.1(c).  Specific Location  Particular Use							
A A				JA.			
\	-			V ' '			

PERSONAL INFORMATION:

Name of Public Officer: Reboses	N Tois		
Name of Public Officer: Kebecch	H 17199	<del></del> .	
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value of \$200 from a donor during the preceding t you within the third degree of consanguinity or aff	and value of each gift if all gifts received are in excess of an taxable year [EXCEPT: (1) a gift received from a person who inity; and (2) ceremonial gifts received for a birthday, wedding if the donor does not have a substantial interest in your legental. 1(e).	o is relat ng.	ed to
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including a proprietorship, partnership, firm, busin you or a member of your household is involved as	ss entity (i.e., organization or enterprise operated for economess, trust joint venture, syndicate, corporation or associatios a trustee, beneficiary of a trust, director, officer, owner in vestock or security representing 1% or more of the total outstal A.620.1(f).	n) with w whole or	hich in part,
	-		Household Member e appropriate exes
Something Specia		L-	<u></u>
2 1			
THE INFORMATION I HAVE PROVIDED HEREIN	IS ACCURATE AND COMPLETE.		
	Signature: Selecca A. Triga Print Name: Rebecca A. Triga		
WHERE TO FILE:	· · · · · · · · · · · · · · · · · · ·		<del></del>
APPOINTED PUBLIC OFFICERS SUBMIT TO:	ELECTED PUBLIC OFFICERS OR CANDIDATES SUBMIT TO:		
Nevada Commission on Ethics 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706 775.687.5469 • 775.687.1279 fax	Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 • 775.684.5718 fax		

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